

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045498

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3322

FILED DEC 3 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>RICHMOND HEIGHTS</b>	
Length of stay in 1b <b>1096 DAYS</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1215 CLAYTON TERRACE</b>	
3. NAME OF DECEASED (Type or print) First <b>EDGAR</b> Middle <b>W.</b> Last <b>WARNHOFF</b>		4. DATE OF DEATH Month <b>11</b> Day <b>14</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-12-98</b>
9. AGE (last birthday) <b>64 YRS</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN-CUPPLES COMPANY</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>FRANK WARNHOFF</b>		13b. MOTHER'S MAIDEN NAME <b>ANN HAAG</b>	
14. NAME OF HUSBAND OR WIFE <b>MABEL K. WARNHOFF</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>RICHMOND HTS., MO. JAMES A. WARNHOFF 1215 CLAYTON TERRACE</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MENINGO-ENCEPHALITIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 MONTHS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CENTRAL NERVOUS SYSTEM SYPHILIS</b>			<b>25 YEARS</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>GRAND MAL CONVULSIVE DISORDER</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. <input checked="" type="checkbox"/> VA attended the deceased from <b>11-14-59</b> to <b>11-14-62</b> and last saw him alive on <b>11-14-62</b> Death occurred at <b>5:15 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sumner D. Wall</i>		22b. ADDRESS <b>VA HOSP. JEFF. BRKS, MO.</b>	
22c. DATE SIGNED <b>11-14-62</b>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV. 16, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEMETERY</b>	
23d. FUNERAL DIRECTOR <b>KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.</b>		23e. DATE RECD. BY LOCAL REG. <b>11-14-62</b>	
23f. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>		23g. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ernest W. Gillard*  
4080

Licensed Embalmer No.

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.